

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5202	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - DONALSON B. WING _____	(X3) DATE SURVEY COMPLETED R 08/12/2021
NAME OF PROVIDER OR SUPPLIER DONALSON CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1681 WINCHESTER HIGHWAY FAYETTEVILLE, TN 37334		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	<p>Initial Comments</p> <p>Stories: 1 Construction Type: NFPA, V (111); IBC, V protected Some plans available on site Constructed: 1983 Sprinklered: Yes Census: 98</p> <p>A Life Safety Code Follow up Desk Review was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 8/12/2021 for all previous deficiencies cited on 06/28/2021. During this Life Safety Desk Review Follow up, Donalson Care Center was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p>	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

45th day / 70th
8-14-21 / 9-8-21

PRINTED: 07/01/2021
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5202	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - DONALSON B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2021
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N 000	Initial Comments Stories: 1 Construction Type: NFPA, V (111); IBC, V protected Some plans available on site Constructed: 1983 Sprinklered: Yes Census: 98 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 06/28/2021. During this Life Safety Survey, Dolenson Care Center was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Any Engineering Judgements requires state approval.	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.	N 831		

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STATE FORM

4400

EQ2021

If continuation sheet 1 of 5

Division of Health Care Facilities

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N 831	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 06/28/2021 at 11:18 AM, revealed 4 holes in the corridor door of the staff lounge across from room 7. NFPA 101, 19.3.6.3.2 (2012 Edition) 2. Observation on 06/28/2021 at 11:28 AM, revealed a hole in the 1 hour fire rated ceiling of the housekeeping closet by room 25. NFPA 101, 8.3.1.2 (2012 Edition) 3. Observation on 06/28/2021 at 11:32 AM, revealed the double cross corridor doors in the 2 hour fire wall by room 45 did not have fire rating labels. NFPA 101, 8.3.3.1 (2012 Edition) NFPA 80, 4.3.1 (2010 Edition) 4. Observation on 06/28/2021 at 11:52 AM, revealed a penetration by a PVC conduit in the 1 hour fire rated ceiling of the south hall mechanical room at the activity room. NFPA 101, 8.3.5.1 (2012 Edition) The maintenance staff was present when these deficiencies were identified and the administrator acknowledged these deficiencies during the exit conference on 06/28/2021.	N 831	1. The four holes in the corridor door of the staff lounge across from Room 7 was corrected by installing four bolts in the holes, completed on June 29, 2021. The one hole in the ceiling of the housekeeping closet by room 25 had a work order placed on July 13, 2021 and will be repaired by facilities maintenance staff; a new vent was ordered for installation to correct this issue; vent was ordered on July 13, 2021 and will be repaired by facilities maintenance staff. The double cross corridor doors in the 2 hour fire wall by room 45 had a work order placed on July 13, 2021; new fire rated doors with fire labels present are being ordered to replace the current set of doors. The penetration by the PVC conduit in the 1 hour fire rated ceiling of the south hall mechanical room was corrected with fire caulking by facilities maintenance staff on June 29, 2021. 2. Facilities Maintenance Director completed a facility-wide life safety audit on Friday, July 16, 2021. Any additional life safety concerns were corrected in accordance with Tennessee Rule and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition) 3. Facilities Maintenance staff were in-serviced on Friday, July 16, 2021, by the Facilities Management Director regarding identifying and correcting holes and penetrations, as well ensuring fire rating labels remain on double cross corridor doors. Facilities Management Director of designee will complete audits of the facility for holes and penetrations weekly for four weeks, monthly for three months, and periodically thereafter as needed. 4. If any issues arise, the issues will be corrected by facilities management staff and brought to the monthly Quality Assurance and Performance Improvement Committee. The committee will at that time initiate a Corrective Action Plan along with root cause analysis and review on completion for any further action that may be required. The Facilities Maintenance Director will be responsible for assuring that holes and penetrations are being identified and repaired on a timely basis.	8/9/2021
N1403	1200-8-6-.14(1)(c) Disaster Preparedness	N1403		

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N1403	Continued From page 2 (1) Emergency Electrical Power (c) The emergency power system shall have a minimum of twenty four (24) hours of either propane, gasoline or diesel fuel. The quantity shall be based on its expected or known connected load consumption during power interruptions. In addition, the nursing home shall have a written contract with an area fuel distributor which guarantees first priority service for re-fills during power interruptions. This Rule is not met as evidenced by: Based on document review and interview the facility failed to provide a plan for a 24 hour fuel supply. The findings included: Document review and interview with the staff devolvement coordinator and the facilities manager on 06/28/2021 at 12:30 PM, revealed the facility failed to provide a plan or policy showing the facility maintains a minimum 24 hour supply of fuel for the emergency power generators. The facilities manager was present when this deficiency were identified and the administrator acknowledged this deficiency during the exit conference on 06/28/2021.	N1403	1. Staff Development Coordinator revised the "Loss of Electrical Power" policy on July 13, 2021, to specify that the facility provides at least twenty-four hours of fuel for the emergency generators. 2. Facilities Management Director will obtain a contract with a fuel vendor by August 31, 2021 to ensure the facility has arrangements for emergency refueling. 3. Facilities Management Director was in-service by the Nursing Home Administrator on the need for service agreements including an agreement for emergency refueling. Facilities Management Director of designee will monitor emergency generator fuel supply weekly in conjunction with the weekly generator test. Emergency Operations Plan, related policies and related contracts are renewed annually and as needed. 4. If any issues arise, the issues will be corrected by facilities management staff and brought to the monthly Quality Assurance and Performance Improvement Committee. The committee will at that time initiate a Corrective Action Plan along with root cause analysis and review on completion for any further action that may be required. The Facilities Maintenance Director will be responsible for assuring that the emergency generator has sufficient fuel on site to service the building during any power outages.	8/9/2021
N1406	1200-8-6-.14(2)(a)2 Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations)	N1406		

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N1406	Continued From page 3 2. The plan(s) must include provisions for the relocation of persons within the building and/or either partial or full building evacuation. Facilities which do not have sufficient emergency generator capacity to provide a place of refuge for residents during severe hot or cold weather emergencies shall specifically establish an emergency plan to assure a common area (dining room, hallway, or day rooms) is heated or cooled sufficiently to sustain residents during an emergency. This can be accomplished through several approaches including the installation of a transfer switch at the facility to which an emergency generator may be connected to operate a HVAC system for the place of refuge, or transportation of a generator to the facility and direct connection from the generator to emergency portable heating or cooling units. The plan must be coordinated with local emergency management agencies that provide emergency generators or heating or cooling units; and facilities are encouraged to enter into private agreements with local generator suppliers, rental agencies or other reliable sources of emergency power. Plans that provide for the relocation of residents to other health care facilities must have written agreements for emergency transfers. The agreements may be mutual, i.e. providing for transfers either way. This Rule is not met as evidenced by: Based on document review and interview, the facility failed to specifically establish an emergency plan to assure a common area is heated or cooled sufficiently to sustain residents during an emergency. The findings included:	N1406	1. Staff Development Coordinator revised the Emergency Operations Plan on July 13, 2021, to specify that the residents can shelter in place in the event of a power outage, as the emergency generators will power the entire facility for no less than twenty-four hours, including heating and cooling of resident rooms and common areas. 2. Facilities Management Director reviewed facility blueprints and verified the emergency generators will power the entire facility for no less than twenty-four hours. This was completed on July 13, 2021. The Facilities Management Director also audit all electrical boxes on Wednesday, July 14, 2021, and confirmed they are supported by the emergency generators. 3. Nursing Home Administrator in-serviced all staff on Thursday, July 15, 2021, and Friday, July 16, 2021, regarding revised shelter-in-place policy (which is consistent with current emergency operations practice). The Nursing Home Administrator, Facilities Management Director and Registered Nurse Director of Nursing will monitor compliance through disaster drills. 4. If any issues arise, the issues will be corrected by facilities management staff and brought to the monthly Quality Assurance and Performance Improvement Committee. The committee will at that time initiate a Corrective Action Plan along with root cause analysis and review on completion for any further action that may be required. The Facilities Maintenance and/or the Nursing Home Administrator will be responsible for assuring that the Emergency Operations Plan is current and that facility staff are knowledgeable of the contents of the plan regarding "sheltering in place" during an emergency or power outage event.	8/9/2021

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N1406	<p>Continued From page 4</p> <p>Document review and interview with the staff devolvement coordinator and the facilities manager on 06/28/2021 at 12:35 PM, revealed the facility failed to specify the facility emergency power generators provide areas that are heated or cooled during and emergency.</p> <p>The facilities manager was present when this deficiency were identified and the administrator acknowledged this deficiency during the exit conference on 06/28/2021.</p>	N1406		

VIII. Life Safety:

- a) Holes and penetrations in walls/ceilings – submit a work order!
- b) All fire doors must have a fire label.
- c) Facility generators will be monitored weekly to ensure we have at least enough fuel to power the facility for 24 hours on generators if the power goes out.
 - a. Randall is obtaining a contract for emergency fuel refilling for extended power outages.
- d) If we lose power, residents can shelter in place in their rooms, as the emergency generators will power their PTACH units along with the rest of the facility.

N831

[illegible]

N1403

LINCOLN HEALTH SYSTEM	Page: 1 of 3
Subject: Loss of Electrical Power	JC: EM.02.02.09
Department: Maintenance	Effective: 10/7/10
Approved by: LHS Committees	Revised: 01/18/2019

Policy:

1. It is the policy of Lincoln Health System to provide a safe and comfortable environment. This policy provides guidelines to be followed in the event of an electrical power outage.
2. Lincoln Health System is electrically wired in accordance with the National Electrical Code and meets State, Federal, and local codes.

Before a Power Outage:

- Know where emergency lighting and red emergency power outlets are located.
- Know where your flashlights are kept.
- If you work in a patient care area, know where the emergency power is for patient equipment.
- If you work in a non-patient care area, know your departmental plan for backup of all critical computer information systems.

During a Power Outage:

If you work in a patient care area:

- Wait 8-10 seconds; the emergency generator will turn on the power. Check that all essential equipment is plugged into red outlets and all life support equipment is properly functioning. Disconnect or turn off non-essential equipment that may be plugged into emergency power (red outlets). Examples of non-essential equipment include: fans, personal portable equipment.
- Check your patients. Make sure they are safe, calm, comfortable and accounted for.
- If patients are on life sustaining equipment, be sure all equipment is functioning properly.
- If there is any delay in power restoration, evaluate patients for any changes in status due to power failure. Check all equipment to be sure it is functioning properly.
- At no time during a power failure should patients be evacuated from the hospital without instructions from the Hospital Incident Command Center.

If you work in a non-patient care area:

- Wait 8-10 seconds; the emergency generator will turn on the power. Check that all essential equipment is plugged into red outlets and all life support equipment is properly functioning. Disconnect or turn off non-essential equipment that may be plugged into emergency power (red outlets). Examples of non-essential equipment include: fans, personal portable equipment.
- Check office equipment for problems.
- Call the LHS Information Technology & Systems Help Desk if you need assistance restoring your computer systems:
 - Users calling from **OUTSIDE** the hospital should dial **438-7499**
 - Users calling from **INSIDE** the hospital should dial extension **7499**

Conserve Energy!

YOU have an impact on how much electrical energy LHS, the Community, and your family uses each day.

Be aware of and practice energy conservation.

Conservation Measures:

Conserve energy whenever possible.

- Turn off unused lights and **NON-ESSENTIAL EQUIPMENT** when no one is present during work and at the end of the work shift.
- Turn off unused lights when no one is present.
- Use task lighting.
- Open curtains or shades for light.

Procedure:

1. The following duties shall be implemented in the event of a power outage:
 - a. The Facilities Manager and/or the Maintenance Supervisor shall be contacted and informed of what information is available.
 - b. The Facilities Manager and/or the Maintenance Supervisor shall see that the emergency generator is functioning properly and is monitored throughout the outage.
 - c. Fayetteville Public Utilities shall be contacted to try and determine the cause and duration of the outage. The number to call is 433-1522.
 - d. The DON at LMC and the Administrator/DON at DCC shall be notified of the expected duration of the power outage and informed of all new developments until normal power is restored to the facility.
 - e. If an extensive outage is expected, the Facilities Manager shall monitor fuel levels to ensure uninterrupted power utilizing the emergency generator.
2. The following duties shall be implemented upon restoration of normal power:
 - a. The Facilities Manager shall notify the appropriate staff and leadership that normal power has been restored.

- b. The Facilities Manager and/or Maintenance Supervisor shall see that utility equipment is checked for proper operations and that the physical plant is returned to normal operation.
- 3. General information while on emergency power include the following:
 - a. Flashlights are available at each nursing station. If you are unable to locate a flashlight, notify the Maintenance Department Ext. 7445 or 7441 or call Materials Management Ext. 7432.
 - b. Fuel for the emergency generator shall provide services for a period of not less than 48 hours.
 - c. Emergency power is supplied to the following areas at LMG LHS including:
 - i. Blood, bone and tissue storage units (in Lab, OR and other areas)
 - ii. Emergency/urgent care areas (include the ED and selected treatment areas)
 - iii. Elevators (one visitor elevator and one staff elevator)
 - iv. Medical gas and vacuum systems
 - v. Areas where electrically powered life support equipment is used (such as the Intensive Care Unit)
 - vi. Operating rooms
 - vii. Postoperative recovery rooms
 - viii. Obstetrical delivery rooms
 - ix. Newborn nursery
 - x. Donalson Care Center
 - d. Elevators (one staff elevator and one visitor elevator)
 - e. Alarm systems (e.g., fire alarms and other emergency alarm systems)
 - f. Exit route illumination (lighting in corridors and other key areas to illuminate exit paths and task areas)
 - g. Emergency communication systems including the PA system and emergency phone system elements
 - h. Illumination of exit signs

N1406

LINCOLN HEALTH SYSTEM	Page: 1 of 1
Subject: Power Outage – Emergency Plan	
Department: DCC Nursing	
Approved By: LHS Committees	Revised: 12/18/2019

POLICY:

In case of a power outage the following procedure is to be followed.

PROCEDURE:

The facility is equipped with two emergency Generators, One Generator serves Halls 1,2 and the front half of hall 3 to the fire doors. The second generator serves from hall 3 fire doors and all of halls 4, 5 and 6. Facility emergency generators are capable of powering the entire facility for no less than 24 hours, including heating/cooling of resident rooms and common areas.

- a) Check to ensure that O² is plugged into RED emergency outlets. In case of O² and IV pumps (have battery back-up) are used by the resident, make sure you can plug both in. If you need more outlets, contact Maintenance for multiple adapter, or move the resident to an empty room that has ample outlets.
- b) Call Maintenance for assistance.
- c) Maintenance will contact the utility company to determine the source of the problem and update staff.
- d) Dispense flashlights as necessary.
- e) In case of an outage the telephone system is connected to emergency power. If the phones do not work contact Maintenance and use cell phones until service is restored.

NOTE: In the event one generator does not start when the power failure occurs:

- Relocate patients that require Powered medical devices that to the other half of the building and plug into red outlets.

Emergency Contacts:

Gen-Co Power Generation
Phone: 256-319-0382

Fayetteville Public Utilities:
Phone: 931-438-3374

N1406

LINCOLN HEALTH SYSTEM	Page: 1 of 3
Subject: Sheltering of Residents (Hyper and Hypothermia)	
Department: Donalson Care Center	Effective: 01/11/2019
Approved by: LHS Committees	Revised:

Policy: Donalson Care Center will provide a means to shelter residents in a safe and effective manner. Consideration will be taken into place for building structure and location during sheltering, communication with emergency agencies, staffing and continuity of care during events.

Events requiring sheltering would be during natural disasters such as floods or tornadoes or other weather events that caused the facility to be flooded or damaged in certain sections or to loose electricity causing the building to be too hot or cold. Events such as these could result in hypothermia or hyperthermia in residents.

Definitions:

Hyperthermia: Condition of having a body temperature greatly above normal

Hypothermia: Condition of having an abnormally low body temperature.

Procedure:

Sheltering of Residents:

1. Follow Incident Command Policy under the Emergency Preparedness Plan.
2. In event of power outage and unable to use phones, use radios at nursing stations to contact Incident Command, Emergency Services, E-911 Communication Center and the Emergency Operations Center of Lincoln County.
3. Donalson Care Center will work diligently with the EOC of Lincoln County during any emergency or natural disaster.
4. All staff working during the emergency will remain at work until additional staff can be brought in to ensure safe staffing levels and continuity of care.
5. ~~Residents will be sheltered according to need in the following areas:~~
 - a. ~~Assisted Living, Short Stay and Rooms 29-40 (hall 3) will be sheltered in the Assisted Living Dining Room.~~
 - b. ~~Rooms 46-51 (hall 3) and hall 4 will all shelter in the Skilled Dining Room~~
 - c. ~~Halls 5 and 6 will shelter in hall 6 dining room and day room.~~
 - d. ~~Utilize patient rooms nearest to sheltering rooms to provide ADLs in privacy to maintain resident dignity during emergency event. Take back to sheltering room quickly after each ADL round.~~
6. Residents will be sheltered in place in their rooms unless the room is unsafe. Facility emergency generators are capable of powering the entire facility for no less than 24 hours, including heating and cooling of resident rooms and common areas.
7. Generators will be obtained from EMS and from the South Central Health Care Coalition for each area to plug units up to provide heat or air.
8. In the event of flooding or damage to the building, residents will go to nearest sheltering area in building that is not damaged until local emergency services can

provide evacuation.

Hyperthermia

In the event of power outages and extreme hot temperatures, do everything to avoid hyperthermia in the elderly. Remove clothing to minimal or place in thin clothing. Place in areas of circulation or sheltering areas where generator may be in use. Apply cool cloth around neck, arm pits and/or in groin. Make sure all windows are open and provide as much circulation as possible. If resident becomes over heated, assess for hyperthermia.

Assessment:

Exposure to warm temperature

Febrile

May have hot and dry or warm and moist skin

May be hypotensive

Poor skin turgor

Sign of hypovolemic shock

History of infection or illness

Dark Urine-suggest muscle breakdown or kidney damage

Tachycardia, hyperventilation, hypertension

Neurologic-Light headed, confusion to coma, seizures

Procedure:

1. Apply oxygen
2. Remove clothing,
3. Apply wet linen or wet abdominal pads to groin and axillary areas
 - a. Expose to circulating air
 - b. DO NOT COOL to the point of shivering
 - c. Move patient to the coolest area available including shaded area with breeze
4. Check Blood sugar
5. Check Vital Signs
6. Rehydrate orally if condition allows

Hypothermia

In the event of power outages and extreme cold temperatures, do everything to avoid hypothermia in the elderly. Apply layers of clothes and place under or wrap in blankets. Place in areas of sheltering where generator may be in use. Provide warm drinks and foods if possible. Make sure all windows are closed to avoid additional loss of warm air from building. If resident becomes too cool, assess for hypothermia.

Assessment:

Exposure to cold temperatures to include duration

Core body temperature below 92 degrees

Predisposing medical condition

Bradycardia, hypotension, cold extremities

Neurologic-confusion, altered LOC, coma

Procedure:

1. Apply oxygen
2. Remove patient from cold environment to sheltering area if able
3. Remove wet clothing or cold clothing and cover with extra layers of clothes and warm dry blankets
4. Do not allow residents to walk or exert themselves
5. Check Blood Sugar
6. Check Vital Signs